

PLACE OF BIRTH

County of Gila

District of _____

Town of _____

or Miami Ariz.

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147County Registrar No. 31Local Registrar No. 26

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

Full name of child Mmanuel Acevedo

Sex of Child

BoyTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? Yes

5. No., in order of birth _____

7. Date of birth Jan 25 1928
Month day year

FATHER

Full name Antonio Acevedo1. Residence 807 Sullivan St
(Usual place of abode)

If nonresident, give place and state

10. Color or race

Mexican11. Age at last birthday 23 (Years)2. Birthplace (city or place) El Paso(State or country) Texas13. Occupation Miner

Nature of industry

MOTHER

Full maiden name Dora Apodaca15. Residence 807 Sullivan St.
(Usual place of abode)

If nonresident, give place and state

16. Color or race

Mexican17. Age at last birthday 18 (Years)18. Birthplace (city or place) Aguascalientes(State or country) Chihuahua Mex.19. Occupation Housewife

Nature of industry

Number of children of this mother

Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 1/2 p.m. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.
ven name added from
supplemental reportSignature Rosa LeontezAddress 806 Sullivan St.

Filed

19

Filed

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Local Registrar.

County Registrar.

Month, day, year.

Registrar.